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Orthomolecular Analgesic Therapy

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General Causes of Pain and Disease

There are various causes for chronic diseases. The regulative result, which in many cases constitutes the first noticeable sign of a disease, is often the same: Pain!

Today, nutrition plays an important role as an elicitor of pain, because it can contribute to the development of pain in multiple aspects. So-called intolerances and allergies, e.g. regarding wheat, milk, nuts etc. are known. Other, lesser known, causes include chronic dysbioses and infections as triggers of intestinal dysfunctions. Chemical additives such as colours and aromas are frequently consumed with foods or medications and they, along with environmental toxins, can often act as elicitors as well.

In addition, muscular disbalance in the masticatory apparatus can have a negative impact on the body's general regulation. An example is the occurrence of migraines after a dental appointment. However, the

development of a chronic disease can also occur long after a change in dental care, and this can be attributed to the dental treatment. A lack of orthomolecular substances – such as zinc, manganese, magnesium or vitamins and unsaturated fatty acids – can trigger and sustain acute and chronic pain. This often manifests itself as myogelosis or subluxation, i.e. minor blockage of small joints which are rarely detected, because they usually are not apparent in an x-ray. These blockages can interrupt the complete regulation of the meridian system which causes the body to slowly drift from a healthy to a pathological general state.

The Volkmann Triad of Causes: The three main causes of chronic diseases

1. Malnutrition: Many years of malnutrition with fast food, cola, chocolate, conventional cheese etc. as well as intake of antibiotics. This results in a maximum intake of chemical additives into the gastrointestinal tract, which can interrupt the

healthy intestinal function and organized, gradual digestion. Since the body usually cannot metabolise these chemicals, this metabolic waste can accumulate in the cell matrix and, therefore, impede detoxification. In addition, prescribed antibiotics can destroy the healthy symbiotic intestinal flora.

2. Abnormal colonisation of the intestinal flora as a result: many years of dysbioses, i.e. abnormal colonisation of the intestine with pathogenic germs such as *Candida* fungi, amoebae etc. These germs and their metabolic toxins put a strain on the intestinal performance so that the digestion or absorption of nutrients from the chyme can be disturbed.

3. Deficiency as a result: Even healthy organic foods now show a relative lack of essential hoT*-substances due to the acid rain. Over time, the previously mentioned factors lead to increasing vitamin and trace element deficiencies etc. in patients and be the cause of a deficiency syndrome.

*hoT = hypoallergenic orthomolecular therapy

Does cortisone always help?

It is a common phenomenon in modern medicine that some medications seem to be successfully used in all specialties for the treatment of a variety of diseases. Aside from cortisone, antibiotics, NSAIDs or cancer medications such as Methotrexate and Imurek belong to this group.

All of these medications have more or less anti-inflammatory properties – although they appear to have different therapeutic mechanisms. If it is always about the treatment of inflammation, then at least some causes underlying the variety of inflammations should be found.

It is now known that several chronic diseases are caused by chronic infections, but as manifold as the diseases themselves, there are many mechanisms in the body that can turn an acute infection into a chronic disease. The intestine and its more or less disturbed function has been established as a central factor in all chronic diseases – and the solution of these problems lies in a simple hoT-regimen.

Volkmann's Therapeutic Triad: The three curative approaches for pain

1. Change in diet to include natural, fresh and local organic foods and to avoid prepared meals and other sources of chemical food additives.

2. hoT-substitution as biological enrichment of the food, e.g. by adding pure minerals, trace elements etc. to improve the detoxification and basic regulation.

3. Orthomolecular intestinal regeneration – OIR – in steps that last between two to four weeks, treatment with compounds that direct symbiosis. First, this results in a regeneration of the small intestines, and then leads to a regeneration of the large intestine, curing it from candidosis etc. without the need for a candida-specific diet.

How is orthomolecular need defined?

The correlation between physical activity or performance and the necessary intake of calories is generally known. In contrast, the correlation between mental performance, stress resistance and management, hormonal demands and sufficient orthomolecular supply seems to be completely unheard of despite ongoing educational attempts in the past years. Nonetheless, this correlation is obvious, and it has been substantiated by predominantly American studies in the 70s and 80s.

The need for orthomolecular substances increases with mental activity. This correlation also applies to physical activity. This correlation especially applies during athletic performance or the body's increased performance for recovery after an injury.

hoT, recovery and high-performance sports

The orthomolecular regimen we have developed in our practice for analgesic therapy and for high-performance athletes strongly differs from the recommendations of the German Society for Nutrition [Deutsche Gesellschaft für Ernährung, "DGE"] in the amount of substances used. The basis of our high-dose therapy, which is in stark contrast to the DGE recommendations, lies in examination with Applied Kinesiology (AK). AK provides the opportunity to test whether irregularities in joint function or meridian regulation exist and which substances are appropriate to extinguish the accompanying pain.

The result of the examinations lead to the following overview:

Maximum dose for injured high-performance athletes¹

SUBSTRATE	MAXIMUM DAILY DOSE	SUBSTRATE	MAXIMUM DAILY DOSE
Chrom	600 to 1000 µg	Calcium	Up to 1500 mg
Cobalt	125 µg	Potassium	Up to 1000 mg
Iodine	250 µg	Magnesium	Up to 1500 mg
Manganese	Up to 50 mg	Vitamin A	Up to 18 mg
Molybdenum	500 µg	B-vitamins	Up to 30x of the DGE recommendation
Selenium	600 to 1000 µg	Vitamin C Acerola	1.5 to 2 g
Zinc	250 to 400 mg	Vitamin D	30 µg
Lycopene	Up to 10 mg	Vitamin E	1000 mg
Omega-3 Fatty Acids	About 3.0 g	Coenzyme Q 10	300 mg
Omega-6 Fatty Acids	Up to 5.0 g	Vitamin K	480 µg

¹ We provide care for world-class Olympic sailors, cross boarders and skiers according to these principles

Allocation of orthomolecular substances for pain syndromes

The following overview will allow you to understand the dependence of different functions and muscles on their specific orthomolecular substances. One can postulate that in 80 % of cases of chronic pain the administration of the appropriate pure substance can lead to significant reduction or possibly complete elimination of pain. However, if the compounds to be tested are contaminated with colours and other additives, this spontaneous effect is reduced or, depending on the type of contamination, will not occur at all. It does not affect the validity of the correlations stated above if pain is not or barely reduced during the testing of various available materials. This mainly implies that the "right molecule" is missing in the available testing kit.

The hoT-substances listed in red are administered with the OIR as a part of the three steps of substitution mentioned above. This overview reveals that this regimen is effective for most regulatory dysfunctions ranging from allergies to chronic pain. Essential substances for intestinal and cardiovascular functions are not missing.

Orthomolecular deficiency – the central cause of every pain syndrome

The causes and correlations mentioned above are resolved in a thorough, well attuned hoT with orthomolecular intestinal regeneration – OIR. It may be easiest to think of hoT as "Fertilization for the human regulation."

Relationship between Muscles, Meridian, Organ, hoT according to Applied Kinesiology – AK

MUSCLES	MERIDIAN/ORGAN	SPECIFIC HOT – SUBSTANCES ²
Gracilis	Circulation – Sex/gonads	Vitamin A, C, E, cobalt, iodine, selenium, potassium, omega fatty acids, Q 10 ubiquinone
Sartorius	Circulation – Sex/adrenal glands	Omega fatty acids, manganese, molybdenum, potassium, vitamin B-complex
Subscapularis	Heart/Heart	Vitamin B-complex, E, selenium, Q 10 ubiquinone
Deltoideus	Lungs / Lungs	Water, vitamin C, manganese
Biceps	Stomach/Stomach	Symbionts, calcium, potassium, magnesium, zinc
Pectoralis major	Liver/Liver	Vitamin A, cobalt, zinc, molybdenum, vitamin B-complex, omega-fatty acids
Popliteus	Gall bladder/Gall bladder	Vitamin A, omega-fatty acids, calcium, potassium
Latissimus dorsi	Spleen – Pancreas/ Spleen – Pancreas	Chrome, selenium, niacin, calcium, potassium
Quadriceps	Small intestines/Small intestines	Symbionts, vitamin D3, vitamin B-complex, calcium, potassium, Fe, Q 10, zinc, molybdenum
Tensor Fasciae latae	Colon/Colon	Symbionts, omega fatty acids, vitamin B-complex, D3, calcium, potassium, Fe, Q 10, zinc
Ischiocrural	Colon/Rectum	Symbionts, vitamin C, E, magnesium, calcium, zinc
Ileopsoas	Kidney/Kidney	Vitamin A, E, omega fatty acids, potassium, cobalt
Infraspinatus	Triple Energizer/Thymus	Vitamin A, C, cobalt, manganese, molybdenum, zinc, magnesium

² Substances in red are applied with the 3 hoT basic regimens.

According to the law of deficiency which has been known for centuries in the science of fertilizers, different substances play the most important role for a patient at different times. Initially, this could be zinc, but it could also be magnesium or calcium as well as hypoallergenic encapsulated Q 10 plus vitamin C.

My worst case of pain

During a lecture in a private clinic in Southern Germany specialised on surgical analgesic therapy I was introduced to a 36-year-old patient. About ten years ago, he became the victim of a xenophobic attack, and he had to undergo five spinal surgeries due to unappeasable pain since then.

For several years, he received between 250 and 300 mg of morphine daily in order to soothe his pain. However, he still suffered from constant pain which severely impacted his quality of life. His limited mobility was an external sign of his severe disease. He was only able to move with a walker, and he could lift his feet only 10 cm off the ground and only under intense pain

Using the technique described above, I tested various oral orthomolecular substances with different success in regards to the reduction or elimination of pain. Some samples did not provide any change in the sensation of pain, others led to a significant increase in pain. These results confirmed the belief of other pain therapists that pain could not be treated with methods other than their profound expert knowledge of pain therapy.

The patient and physicians were astonished when the above mentioned Q 10 plus vita-

min C resulted in the complete elimination of pain and allowed the patient to lift his feet without pain over 25 cm off the ground!

The subsequent testing of 3-SymBiose plus, which was actually not even necessary in light of the eliminated pain symptoms, led to another surprise for the colleagues: tension in the shoulder and neck which had persisted for several years and which was associated with limited rotation of the cervical spine to 30-0-30 now spontaneously increased to a painless rotation of 90-0-90! - According to his most recent message, he is still feeling fine.

Oral hoT-testing as a marker for need

Those who are unable to perform bioenergetic tests have the possibility to infer an optimally adjusted analgesic therapy

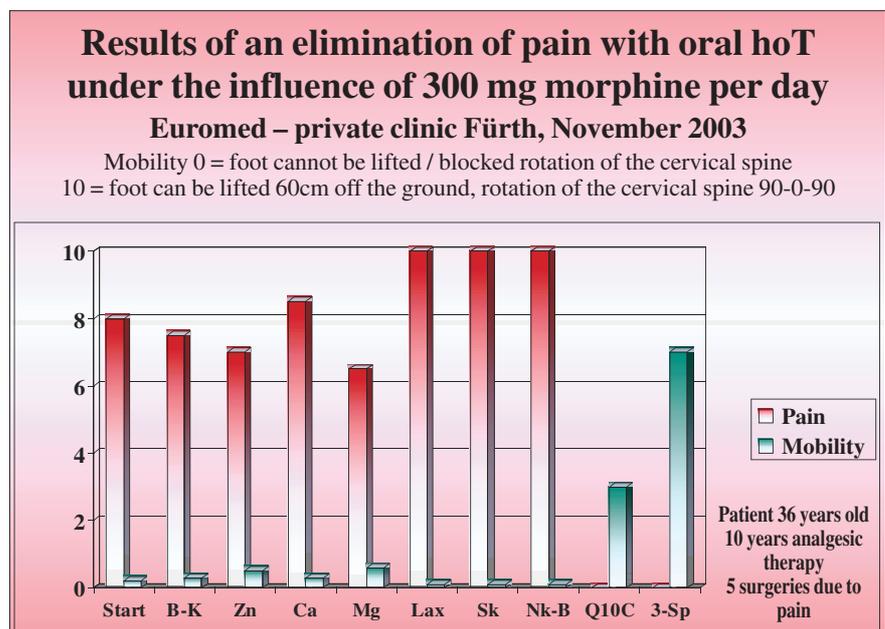
through detailed observation of changes in mobility and pain in the patient.

For example, one can ask patients suffering from pain to mobilise the affected region, muscle group or joint until they reach the pain threshold, and to then return to the relaxed initial position. Afterwards, one can successively administer small samples of different hypoallergenic, pure substances such as zinc, magnesium, omega-3 fatty acids or the trace element complex and let the patient softly chew these samples.

The patient, with the substance to be tested still in his mouth, will then mobilise the affected region once again and is asked to describe the

1. quality of pain – dull, sharp, burning, piercing etc.

2. intensity of pain – using a scale between 0 = no pain and 10 = unbearable is possible



ble. Subjective changes can usually be determined well on this scale.

3. localisation of pain – is the pain still at the same location as before, or did it move?

4. range of motion – the change of the active range of motion can immediately be measured or estimated in joints. This is especially impressive in shoulders and the cervical spine, as well as in the finger-floor distance!

If neither distinct pain nor a significant blockage of a joint of the extremities is available as an indicator, one can determine the degrees of freedom of the complete spine or the cervical spine as an indicator for the efficacy of a specific substitution.

With regard to the spine, the finger-floor distance with and without oral application of various substances can be tested. The patient should rinse his or her mouth with clear water between single hoT-administrations; the water may be swallowed.

In such tests, we have experienced an increase in the spinal range of motion, e.g. with an increase of the finger-floor distance from 50cm to contact with the floor, without the experience of pain or strain. If this occurs in patients with a history of spinal pain and a herniated disk, then the ability to perform this exercise without any pain is a great experience for the patient and the physician. The patient is especially happy that the often already announced surgery is not necessary anymore!

The examination of the cervical spine often reveals a limitation in rotation to about 30 to 40 degrees. Repeated oral administration of various substrates routinely increases the degree of rotation to 100 degrees on both sides, without chiropractic or other manipulations being taken.

These tests are especially impressive in painful knee joints with multiple prior surgeries. If the constant pain or pain on exer-

tion is suddenly eliminated during testing, some high-performance athletes may not trust of their body perception. I like to test the knee with one-legged squats. The affected, if even possible, and the less affected or healthy knee are bent as far as possible and as much as the pain permits. The patient rests his or her hand on the desk for support. The test is then repeated with administration of different oral substances, and the surprise is often great when the previously insecure and painful movement can be performed smoothly and painlessly after three to four tests. Are more surgeries necessary? Physical therapy? No – as long as the patient sticks to the therapeutic regimen and, especially, to a natural diet.

Additional literature available at this author as well as online under www.vbn/verlag.de www.orthomolekularia.info



Vita – Summary

Peter-Hansen Volkmann

was born in 1947 in the Friesian city of Jever. He was born to an old rural family of healers who were known as so-called bone-breakers – the predecessors of osteopathy and chiropractice- and benevolently worked for centuries in East Friesland, Jever and beyond.

After completion of the O-levels in East Friesland and various professional trainings leading up to the career of a medical technical

assistant, he completed his A-levels as the end of a second course of education in Hamburg in 1979. After six years of the study of human medicine at the University of Kiel, he specialized as a general practitioner. He established his practice with an emphasis on naturopathy in Luebeck in 1989.

The emphasis of his work is regulative naturopathy. His skills as a physician range from AK – Applied Kinesiology – to naturopathy and homeopathy as well as acupuncture and osteopathy.

He has developed the hypoallergenic orthomolecular therapy – hoT, which has been a therapeutic emphasis in the treatment of dif-

ficult chronic diseases and sports medicine for almost twenty years.

He is a renowned consultant for the topics of hoT and holistic naturopathy, speaking at German as well as international congresses, and he has repeatedly appeared on radio and television, taking a stance on behalf of topics centring on naturopathy and professional policy.

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